Superfund	Records Center
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SOLVENTS RECOVERY SERVICE OF NEW ENGLAND

CORRESPONDENCE TRACKING CHECKLIST

RESPONSE DATE(S)

PRP NAME AND NUMBER

279 - Custom Coating & Laminating Compan

GENERAL NOTICE LETTER(S)

1) 6/15/92

2)

COMMENTS:

7/16/92

TRANSACTIONAL PACKET(S)

1) 11/7/92

2)

COMMENTS:

104E LETTER(S)

1) 12/7/92

2)

COMMENTS:

12/28/92

GENERAL COMMENTS:

SDMS DocID

536067



Thomas J. Cussimanio (279) Custom Coating & Laminating Company 717 Plantation Street Worcester, MA 01605

Certified Fee	110
	1.10
Special DevaSn	
Restricte Death Fee	
Re Receipt Wing to Care & Day (Clivere)	
Return siot snowing (n. Vnom. Date, nd	1.50
TOTAL Post & Fees	\$3.15
Postmark or Date	

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).

- If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
- 2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
- 3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacet to the number.
- 4. If you want delivery testinated to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
- 5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, oback the applicable blocks in item 1 of Form 3811.
- 6. Save this receipt and present it if you make inquiry.

105603-93-B-0218

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered and delivered.	space 1. Addressee's Address cle number. 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Thomas J. Cussimanio (279) Custom Coating & Laminating Company 717 Plantation Street Worcester, MA 01605	4a. Article Number 2 310 082 406 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery 6-20-95
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 , December 1991 &U.S. GPO: 1993—352.	8. Addressee's Address (Only if requested and fee is paid) 714 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

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Print your name, address and ZIP Code here

Ponna T. Murray

U.S. Environmental Protection Agency F.O. Bor 321470

r.U. Bor 321470 Chantilly, VA 22022

P 943 345 897

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL.

Tom Cussimanio

(279)

Custom Coating & Laminating Company

747 Plantation Street

Worcester, MA 01605

	Postage	s 98
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
PS Form 3800, June 1985	Return Receipt showing to whom, Date, and Address of Delivery	1.35
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STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

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- 4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
- 5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- 6. Save this receipt and present it if you make inquiry.

U.S.G.F.O. 1987-197-722

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed o		Article Addressed to: Too Cussimenio Custom Eceting & Laminating Company 717 Plantation Street Moncester, MA 01605	4b. Serv	
your RETURN	6.	Signature (Addressee) Signature (Agent Agent Form 3817, December 1991 & U.S.G.P.O.: 1992-307	and 1	essee's Address (Only if requested fee is paid) OMESTIC RETURN RECEIPT

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PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



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Marilyn Goldberg U.S. Environmental Protection Agency P.O. Box 221470 Chantilly, VA 22022

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474 E78 SET 9



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

UNITED STATES (See Reverse)

'Tom Cussimanio

Custom Coating & Laminating Company .717 Plantation Street Worcester, MA 01605

	Postage	
3800, June 1990		\$2.36
	Certified Fee	\$2.36
	Special Delivery Fee	
	Restricted Delivery Fee	
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STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).

- If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
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- RECEIPT REQUESTED adjacent to the number.

 4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
- Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

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3. Article Addressed to: Tom Cussimanio (279) Custom Coating & Laminating Company X/ 717 Plantation Street Worcester, MA 01605	4a. Article Number 7 8 73 474 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, November 1990, ± U.S. GPO: 1991–28	Addressee's Address (Only if requested and fee is paid) 7-066 DOMESTIC RETURN RECEIPT

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